



Kansas State Safety Award Program

## Application for Kansas State Safety Award

1. Company Name: \_\_\_\_\_
2. Division of: \_\_\_\_\_
3. Site Address: (street) \_\_\_\_\_  
(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_
4. Mailing Address: (street) \_\_\_\_\_  
(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_
5. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
6. Type of award company qualifies for:  
☐ 100,000 work-hours without a lost-time accident  
☐ 500,000 work-hours without a lost-time accident  
☐ 1,000,000 work-hours without a lost-time accident
7. Total number of work hours/accumulative years: \_\_\_\_\_
8. Dates for hours/accumulative years: From \_\_\_\_\_ To: \_\_\_\_\_  
How many employees helped to achieve the total hours/years? \_\_\_\_\_  
Total number of employees in company: \_\_\_\_\_
9. Does your company have a formal safety program established? ..... ☐ YES ☐ NO  
If yes, how long has it been established? \_\_\_\_\_
10. Does your company have an employee safety training program? ..... ☐ YES ☐ NO  
If yes, how long has it been established? \_\_\_\_\_
11. Does your company have a safety committee? ..... ☐ YES ☐ NO  
If yes, how many members are on the committee? \_\_\_\_\_  
How long has the committee been established? \_\_\_\_\_
12. Does the committee represent both employees and management? ..... ☐ YES ☐ NO
13. Did the company have any uncorrected OSHA citations within the last 12 months? ..... ☐ YES ☐ NO
14. Is the company current with taxes owed to KDOR? ..... ☐ YES ☐ NO
15. Will there be any type of ceremony for the acceptance of the KSafe award? ..... ☐ YES ☐ NO  
If not, will it be acceptable for the award to be mailed? ..... ☐ YES ☐ NO
16. Date and time you would like your award to be presented.  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ *(Please submit 30 days in advance of presentation.)*
17. Location of ceremony: \_\_\_\_\_
18. Name of individual(s) accepting the award: \_\_\_\_\_
19. How do you wish your company name reflected on the award? Please incorporate the word "Employees or Associates:"  
with the company name: \_\_\_\_\_

### MAIL APPLICATION TO:

**Kansas Department of Labor - Division of Industrial Safety & Health - 800 SW Jackson, Ste 1500 - Topeka, Ks 66612-1200**